

Application for Federal Employment - SF 171

Read the instructions before you complete this application. Type or print clearly in dark ink.

Form Approved
OMB No. 3206-0012

GENERAL INFORMATION

1 What kind of job are you applying for? Give title and announcement no. (if any)

2 Social Security Number 3 Sex ☐ Male ☐ Female

4 Birth date (Month, Day, Year) 5 Birthplace (City and State or Country)

6 Name (Last, First, Middle)

Mailing address (include apartment number, if any)

City State ZIP Code

7 Other names ever used (e.g., maiden name, nickname, etc.)

8 Home Phone 9 Work Phone

Area Code Number Area Code Number Extension

10 Were you ever employed as a civilian by the Federal Government? If "NO", go to Item 11. If "YES", mark each type of job you held with an "X".

☐ Temporary ☐ Career-Conditional ☐ Career ☐ Excepted

What is your highest grade, classification series and job title?

Dates at highest grade: FROM TO

AVAILABILITY

11 When can you start work? (Month and Year)

12 What is the lowest pay you will accept? (You will not be considered for jobs which pay less than you indicate.)

Pay \$ per OR Grade

13 In what geographic area(s) are you willing to work?

14 Are you willing to work:

	YES	NO
A. 40 hours per week (full-time)?		
B. 25-32 hours per week (part-time)?		
C. 17-24 hours per week (part-time)?		
D. 16 or fewer hours per week (part-time)?		
E. An intermittent job (on-call/seasonal)?		
F. Weekends, shifts, or rotating shifts?		

15 Are you willing to take a temporary job lasting:

A. 5 to 12 months (sometimes longer)?		
B. 1 to 4 months?		
C. Less than 1 month?		

16 Are you willing to travel away from home for:

A. 1 to 5 nights each month?		
B. 6 to 10 nights each month?		
C. 11 or more nights each month?		

MILITARY SERVICE AND VETERAN PREFERENCE

17 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO". If "NO", go to item

18 Did you or will you retire at or above the rank of major or lieutenant commander?

	YES	NO
17		
18		

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER
PREVIOUS EDITION USABLE UNTIL 12-31-90

DO NOT WRITE IN THIS AREA

FOR USE OF EXAMINING OFFICE ONLY

Date entered register	Form reviewed:			
	Form approved:			
Option	Grade	Earned Rating	Veteran Preference	Augmented Rating
			<input type="checkbox"/> No Preference Claimed	
			<input type="checkbox"/> 5 Points (Tentative)	
			<input type="checkbox"/> 10 Pts. (30% Or More Comp. Dis.)	
			<input type="checkbox"/> 10 Pts. (Less Than 30% Comp. Dis.)	
			<input type="checkbox"/> Other 10 Points	
Initials and Date				
<input type="checkbox"/> Disallowed <input type="checkbox"/> Being Investigated				

FOR USE OF APPOINTING OFFICE ONLY

Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.

☐ 5-Point ☐ 10-Pt.-30% or more ☐ 10-Pt.-Less Than 30% ☐ 10-Point-Other

Compensable Disability Compensable Disability

Signature and Title

Agency

Date

MILITARY SERVICE AND VETERAN PREFERENCE (Cont.)

19 Were you discharged from the military service under honorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".) If "NO", provide below the date and type of discharge you received.

Discharge Date (Month, Day, Year)	Type of Discharge	YES	NO

20 List the dates (Month, Day, Year), and branch for all active duty military service.

From	To	Branch of Service

21 If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive.

22 Read the instructions that came with this form before completing this item. When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim.

☐ NO PREFERENCE

☐ 5-POINT PREFERENCE -- You must show proof when you are hired.

10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center. ATTACH THE COMPLETED SF 15 AND REQUESTED PROOF TO THIS APPLICATION.

☐ Non-compensably disabled or Purple Heart recipient.

☐ Compensably disabled, less than 30 percent.

☐ Spouse, widow(er), or mother of a deceased or disabled veteran.

☐ Compensably disabled, 30 percent or more.

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Standard Form 171 (Rev. 6-88)

U.S. Office of Personnel Management

FPM Chapter 295

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